

P22000083606

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CLERK OF COURT

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: NAPLES TRUCK WASH INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ERVIN NAPLES  
Name (Printed or typed)

10410 SW 48<sup>TH</sup> ST  
Address

MIAMI FL 33165-5648  
City, State & Zip

305.413.9564  
Daytime Telephone number

ERVINNAPLES@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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ED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: NAPOLIS TRUCK WASH INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10410 SW 48<sup>TH</sup> ST  
MIAMI FL 33165-5648

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERVIN NAPOLIS PRESIDENT Name and Title: \_\_\_\_\_

Address: 10410 SW 48<sup>TH</sup> ST Address: \_\_\_\_\_  
MIAMI FL 33165-5648

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
MIAMI, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ERVIN NAPOLES  
Address: 10410 SW 48<sup>TH</sup> ST  
MIAMI FL 33165-5648

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MARIA C. COMPANIONI  
Address: 10410 SW 48<sup>TH</sup> ST  
MIAMI FL 33165-5648

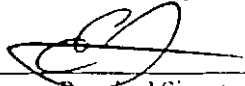
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09-20-2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature/Registered Agent

09/20/2022  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



\_\_\_\_\_  
Required Signature/Incorporator

09/20/2022  
Date

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CLD